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CONFIRMATION NO. 6884

Bib Data Sheet

SERIAL NUMBER 10/748,083	FILING OR 371(c) DATE 12/30/2003 RULE	CLASS 482	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. RWJ 03-51
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## APPLICANTS

Nady E. Nady, Skillman, NJ;

\*\* CONTINUING DATA *None Up*\*\* FOREIGN APPLICATIONS *None Up*IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 04/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verifier and Acknowledged Examiner's Signature <i>LP Elliston</i> Initials <i>LB</i>				

## ADDRESS

33348

## TITLE

Pelvic muscle exercise device

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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